

## Social Security Administration (SSA) Forms Guide

Use this guide as you gather information to complete SSI/SSDI application forms

### SSA-827: Authorization to Disclose Information to SSA

- ☐ Applicant's name, date of birth, Social Security number
- ☐ An address where the applicant can receive mail (*SOAR Tip: For applicants experiencing homelessness, this may be the case manager's agency address*)

### SSA-1696: Appointment of Representative

- ☐ Representative name and agency address
- ☐ Information from the representative about attorney status and fee eligibility

### SSA-16: Application for Social Security Disability Insurance (SSDI)

- ☐ The date of onset for disability (*SOAR Tip: We recommend using the applicant's last day of work*)
- ☐ Information about prior marriages and the names of all children who are under 18 or who are over 18 and disabled
- ☐ Any other benefits the applicant may be applying for, such as Veterans benefits, Supplemental Security Income (SSI), Welfare, or Workers Compensation

### SSA-8000: Application for Supplemental Security Income (SSI)

- ☐ The applicant's parents' names, to help with identification
- ☐ The mailing and residential address (if different) for the applicant, and details about his or her current living arrangement
- ☐ Details about the applicant's income and resources
- ☐ Information about the receipt of food stamps or the need to apply for food stamps
- ☐ Details about prior military or other federal service, and related applications for benefits

### SSA-3368: Adult Disability Report

- ☐ All the physical or mental conditions (including emotional or learning problems) that limit the applicant's ability to work
- ☐ Last grade completed in school and an estimated year of completion, as well as details about any specialized job training, including military training
- ☐ Details from all the jobs (up to 5) that the applicant had in the 15 years before he or she became unable to work, including job title, type of business, dates worked, and approximate hours/rate of pay (if known)
- ☐ All brand name or generic medicines the applicant is taking, including those prescribed by a doctor and any over-the-counter medicines (*SOAR Tip: include recent prescriptions that the applicant may not be consistently taking*)
- ☐ Details from all medical sources that have examined or treated the applicant for physical or mental conditions, including substance use treatment and jail/prison, even if they are not recent